24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives	C C00554774
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayaya
Full Name of Payee United States Postal Service	Date of Public Distribution/Dissemination
	05 21 2014
Mailing Address 401 E South St	Amount
City State Zip Code	1976.15
Jackson MS 39201	Transaction ID : SE.4320 Date of Disbursement or Obligation
Purpose of Expenditure Postage for Mail Category/ Type 004	05 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
Mr. Christopher Brian McDaniel Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
United States Postal Service	05 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 401 E South St	Amount
City State Zip Code	19226.23
Jackson MS 39201	Transaction ID : SE.4321 Date of Disbursement or Obligation
Purpose of Expenditure Postage for Mail Category/ Type 004	05 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
Mr. Christopher Brian McDaniel	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	21202.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	·
Mr. Brian Perry [Electronically Filed] Date 0	5 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	